



U.S. SMALL BUSINESS ADMINISTRATION

FINANCIAL STATEMENT OF DEBTOR

(INSERT THE WORD "NONE" WHERE APPLICABLE TO ANY OF THE FOLLOWING ITEMS)

1. NAME			2. DATE OF BIRTH (Month, Day and Year)		
3. ADDRESS (Include ZIP Code)			4. PHONE NO.	5. SOCIAL SEC. NO.	
6. OCCUPATION		SBA LOAN NUMBER		7. HOW LONG IN PRESENT	
8. EMPLOYER'S NAME		ADDRESS (Include ZIP Code)		PHONE NUMBER	
9. MONTHLY INCOME:		10. OTHER EMPLOYERS WITHIN LAST 3 YEARS		Dates of Employment	
Salary or wages \$ _____		Name _____		Address _____	
Commissions \$ _____		_____		_____	
Other (state source) \$ _____		_____		_____	
Total \$ _____		_____		_____	
11. NAME OF SPOUSE		SOCIAL SEC. NO.		12. DATE OF BIRTH (Month, Day and Year)	
13. OCCUPATION				14. HOW LONG IN PRESENT	
15. SPOUSE'S EMPLOYER (Name)		ADDRESS (Include ZIP Code)		PHONE NUMBER	
16. MONTHLY INCOME OF SPOUSE:		17. OTHER EMPLOYERS WITHIN LAST 3 YEARS (Of Spouse)		Dates of Employment	
Salary or wages \$ _____		Name _____		Address _____	
Commissions \$ _____		_____		_____	
Other (state source) \$ _____		_____		_____	
Total \$ _____		_____		_____	
18. OTHER DEPENDENTS: _____ NUMBER			23. FIXED MONTHLY EXPENSES: (TO NEAREST DOLLAR)		
Name _____ Relationship _____ Age _____			Rent or House Payment \$ _____		
_____			Utilities \$ _____		
_____			Food \$ _____		
_____			Interest \$ _____		
_____			Insurance \$ _____		
_____			Debt repayments:		
_____			Household furnishings \$ _____		
19. TOTAL MONTHLY INCOME OF DEPENDENTS (Except Spouse)			Personal Loans \$ _____		
\$ _____			Automobile \$ _____		
20. FOR WHAT PERIOD DID YOU LAST FILE A FEDERAL INCOME TAX RETURN?			Doctors and Dentist \$ _____		
21. WHERE WAS TAX RETURN FILED?			Other (Specify) \$ _____		
22. AMOUNT OF GROSS INCOME REPORTED			TOTAL FIXED MONTHLY EXPENSES \$ _____		
\$ _____					
24. ASSETS: (Fair Market Value)			(SHOW AMOUNTS TO NEAREST		
Cash \$ _____			LIABILITIES		
Checking accounts: (Show location) _____			Bills owed (grocery, doctor, lawyer, etc.) _____		
Savings Accounts: (Show location) _____			Installment debt (car, furniture, clothing, etc.) _____		
Cash surrender value of life insurance _____			Taxes owed:		
Motor Vehicles:			Income _____		
Make _____ Year _____ License No. _____			Other: (Itemize) _____		
_____			_____		
Debts owed to you: (Name of debtor) _____			Loans payable (to banks, finance companies, etc.) _____		
_____			Judgments you owe (Held by whom?) _____		
_____			_____		
Stocks, bonds and other securities: (Itemize) _____			Small Business Administration		
_____			Loans on Life Insurance		
Household furniture and goods			Mortgages on Real Estate		
Items Used in Trade or Business			Margin Payable on Securities		
Other Personal Property; (Itemize) _____			Other debts: (Itemize) _____		
_____			_____		
Real Estate: (Itemize) _____			_____		
_____			_____		
Other Assets: (Itemize) _____			Total Liabilities \$ _____		
_____			_____		
TOTAL ASSETS: \$ _____			CONTINGENT LIABILITIES \$ _____		



25. LOANS PAYABLE:					
Owed To	Date of Loan	Original Amount	Present Balance	Terms of Repayments	How Secured
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

26. REAL ESTATE OWNED: (Free & Clear) Address	How Owned (Jointly, individually, etc.)	Present Market Value \$
---	---	----------------------------

27. REAL ESTATE BEING PURCHASED ON CONTRACT OR MORTGAGE Address	Date acquired	Balance Owed \$
	Name of Seller or Mortgagor	
	Purchase Price \$	Date Next Cash Payment Due
	Present Market Value \$	Amount of Next Cash Payment \$

28. LIFE INSURANCE POLICIES: Company	Face Amount	Cash Surrender Value	Outstanding Loans
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

29. LIST ALL REAL AND PERSONAL PROPERTY OWNED BY SPOUSE AND DEPENDENTS VALUED IN EXCESS OF \$200:

30. LIST ALL TRANSFERS OF PROPERTY, INCLUDING CASH (BY LOAN, GIFT, SALE, ETC.), THAT YOU HAVE MADE WITHIN THE LAST THREE YEARS. (LIST ONLY TRANSFERS OF \$300 OR OVER.)

Property Transferred	To Whom	Date	Amount
			\$
			\$
			\$

31. ARE YOU A CO-MAKER, GUARANTOR, OR A PARTY IN ANY LAW SUIT OR CLAIM NOW PENDING?
☐ YES ☐ NO IF YES, GIVE DETAILS

32. ARE YOU A TRUSTEE, EXECUTOR, OR ADMINISTRATOR? ☐ YES ☐ NO IF YES, GIVE DETAILS

33. ARE YOU A BENEFICIARY UNDER A PENDING, OR POSSIBLE, INHERITANCE OR TRUST, PENDING OR ESTABLISHED? NO ☐ YES ☐
 IF YES, GIVE DETAILS

34. WHEN DO YOU FEEL THAT YOU CAN START MAKING PAYMENTS ON YOUR SBA DEBT?	35. HOW MUCH DO YOU FEEL THAT YOU CAN PAY SBA ON A MONTHLY OR PERIODIC BASIS?
--	--

With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the Government, I certify that all the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by another.

Under the provisions of the Privacy Act, loan applicants are not required to give their social security number. The Small Business Administration, however, uses the social security number to distinguish between people with a similar or the same name. Failure to provide this number may not affect any right, benefit or privilege to which an individual is entitled by law but having the number makes it easier for SBA to more accurately identify to whom adverse credit information applies and to keep accurate loan records.

Any Person concerned with the collection of this information, its voluntariness, disclosure or routine under the Privacy Act may contact the Freedom of Information/Privacy Acts Division, Small Business Administration, 409 3rd St., S.W., Washington, D.C. 20416

SIGNATURE	DATE
-----------	------

NOTE: USE ADDITIONAL SHEETS WHERE SPACE ON THIS FORM IS INSUFFICIENT.